

Debtor 1 Kevin S. Foor

First Name	Middle Name	Last Name

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

First Name	Middle Name	Last Name

United States Bankruptcy Court for the: Western District of Pennsylvania

Case number 19-70130  
(If known)

page 1

Debtor 1 Kevin S. Foor  
First Name Middle Name Last Name

Case number (if known) 19-70130

**Unsecured claim**

<b>3</b>	<b>Flagstar Bank</b> <small>Creditor's Name</small> <u>P.O. Box 660263</u> <small>Number Street</small>  <u>Dallas TX 75266</u> <small>City State ZIP Code</small>  <small>Contact</small>  <small>Contact phone</small>	<b>What is the nature of the claim?</b> <u>First Mortgage</u>  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply <b>Does the creditor have a lien on your property?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Total claim (secured and unsecured): <u>\$269,000.00</u> Value of security: <u>- \$269,000.00</u> Unsecured claim <u>\$0.00</u>	\$0.00
<b>4</b>	<b>Argus Capital Funding</b> <small>Creditor's Name</small> <u>104 East 25th Street</u> <small>Number Street</small> <u>10th Floor</u>  <u>New York NY 10010</u> <small>City State ZIP Code</small>  <small>Contact</small>  <small>Contact phone</small>	<b>What is the nature of the claim?</b> _____  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply <b>Does the creditor have a lien on your property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____ Value of security: - \$ _____ Unsecured claim \$ _____	\$124,220.76
<b>5</b>	<b>On Deck</b> <small>Creditor's Name</small> <u>901 N. Stuart Street</u> <small>Number Street</small> <u>Suite 700</u>  <u>Arlington VA 22203</u> <small>City State ZIP Code</small>  <small>Contact</small>  <small>Contact phone</small>	<b>What is the nature of the claim?</b> _____  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply <b>Does the creditor have a lien on your property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____ Value of security: - \$ _____ Unsecured claim \$ _____	\$104,000.00
<b>6</b>	<b>LG Funding, LLC</b> <small>Creditor's Name</small> <u>1218 Union Street</u> <small>Number Street</small>  <u>Brooklyn NY 11225</u> <small>City State ZIP Code</small>  <small>Contact</small>  <small>Contact phone</small>	<b>What is the nature of the claim?</b> _____  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply <b>Does the creditor have a lien on your property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____ Value of security: - \$ _____ Unsecured claim \$ _____	\$74,819.73
<b>7</b>	<b>Top RX, LLC</b> <small>Creditor's Name</small> <u>P.O. Box 1844, Dept. T-5</u> <small>Number Street</small>  <u>Memphis TN 38101</u> <small>City State ZIP Code</small>  <small>Contact</small>  <small>Contact phone</small>	<b>What is the nature of the claim?</b> _____  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply <b>Does the creditor have a lien on your property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____ Value of security: - \$ _____ Unsecured claim \$ _____	\$52,140.00

Debtor 1

Kevin S. Foor

First Name

Middle Name

Last Name

Case number (if known) 19-70130

Unsecured claim

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Kalamata Capital Group

Creditor's Name

80 Broad Street

Number Street

12th Floor

New York

City

NY 10004

State

ZIP Code

Contact

Contact phone

What is the nature of the claim?

\$52,000.00

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

☒ None of the above apply

Does the creditor have a lien on your property?

☒ No

☐ Yes. Total claim (secured and unsecured): \$

Value of security: - \$

Unsecured claim \$

9

First National Bank

Creditor's Name

3015 Glimcher Blvd.

Number Street

Hermitage

City

PA 16148

State

ZIP Code

Contact

Contact phone

What is the nature of the claim? Secured Loan

\$6,515.26

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

☒ None of the above apply

Does the creditor have a lien on your property?

☐ No

☒ Yes. Total claim (secured and unsecured): \$26,515.26

Value of security: - \$20,000.00

Unsecured claim \$6,515.26

10

First Commonwealth Bank

Creditor's Name

P.O. Box 400

Number Street

Indiana

City

PA 15701

State

ZIP Code

Contact

Contact phone

What is the nature of the claim? Auto Loan

\$4,000.00

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

☒ None of the above apply

Does the creditor have a lien on your property?

☐ No

☒ Yes. Total claim (secured and unsecured): \$26,000.00

Value of security: - \$22,000.00

Unsecured claim \$4,000.00

11

River City

Creditor's Name

P.O. Box 840713

Number Street

Dallas

City

TX 75284

State

ZIP Code

Contact

Contact phone

What is the nature of the claim?

\$20,094.53

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

☒ None of the above apply

Does the creditor have a lien on your property?

☒ No

☐ Yes. Total claim (secured and unsecured): \$

Value of security: - \$

Unsecured claim \$

12

Auburn Generics

Creditor's Name

2360 Bellingham Drive

Number Street

Troy

City

MI 48083

State

ZIP Code

Contact

Contact phone

What is the nature of the claim?

\$20,094.53

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

☒ None of the above apply

Does the creditor have a lien on your property?

☒ No

☐ Yes. Total claim (secured and unsecured): \$

Value of security: - \$

Unsecured claim \$

Debtor 1 Kevin S. Foor  
First Name Middle Name Last Name

Case number (if known) 19-70130

**Unsecured claim**

<b>13</b>	<b>Broad Top Medical Center</b> <small>Creditor's Name</small> <b>P.O. Box 127</b> <small>Number Street</small>  <b>Broad Top</b> <b>PA</b> <b>16621</b> <small>City State ZIP Code</small>  <small>Contact</small>  <small>Contact phone</small>	<b>What is the nature of the claim?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply <b>Does the creditor have a lien on your property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____ Value of security: - \$ _____ Unsecured claim \$ _____	<b>\$9,545.00</b>
<b>14</b>	<b>Brynmarw Funding/Pioneer Rx</b> <small>Creditor's Name</small> <b>620 W. Germantown Road</b> <small>Number Street</small>  <b>Suite 310</b>  <b>Plymouth Meeting</b> <b>PA</b> <b>19462</b> <small>City State ZIP Code</small>  <small>Contact</small>  <small>Contact phone</small>	<b>What is the nature of the claim?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply <b>Does the creditor have a lien on your property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____ Value of security: - \$ _____ Unsecured claim \$ _____	<b>\$7,500.00</b>
<b>15</b>	<b>Marine One</b> <small>Creditor's Name</small> <b>5000 Quorum Drive</b> <small>Number Street</small>  <b>Suite 200</b>  <b>Dallas</b> <b>TX</b> <b>75254</b> <small>City State ZIP Code</small>  <small>Contact</small>  <small>Contact phone</small>	<b>What is the nature of the claim?</b> <u>Secured Loan</u> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply <b>Does the creditor have a lien on your property?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Total claim (secured and unsecured): <b>\$6,000.00</b> Value of security: - <b>\$6,000.00</b> Unsecured claim <b>\$0.00</b>	<b>\$0.00</b>
<b>16</b>	<b>FFE Enterprises</b> <small>Creditor's Name</small> <b>44000 Winchester Road</b> <small>Number Street</small>   <b>Temecula</b> <b>CA</b> <b>92590</b> <small>City State ZIP Code</small>  <small>Contact</small>  <small>Contact phone</small>	<b>What is the nature of the claim?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply <b>Does the creditor have a lien on your property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____ Value of security: - \$ _____ Unsecured claim \$ _____	<b>\$4,132.18</b>
<b>17</b>	<b>Raz Imports</b> <small>Creditor's Name</small> <b>1020 Eden Road</b> <small>Number Street</small>   <b>Arlington</b> <b>TX</b> <b>76001</b> <small>City State ZIP Code</small>  <small>Contact</small>  <small>Contact phone</small>	<b>What is the nature of the claim?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply <b>Does the creditor have a lien on your property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____ Value of security: - \$ _____ Unsecured claim \$ _____	<b>\$3,068.20</b>

Debtor 1

Kevin S. Foor

First Name

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Unsecured claim

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A&K Distributors

Creditor's Name

Box 250055

Number

Street

Aguadilla

City

PR

State

00604

ZIP Code

Contact

Contact phone

What is the nature of the claim?

\$3,068.20

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

☒ None of the above apply

Does the creditor have a lien on your property?

☒ No

☐ Yes. Total claim (secured and unsecured): \$

Value of security: - \$

Unsecured claim \$

19

Peterson Accounting

Creditor's Name

1798 Plank Road

Number

Street

Suite 301

Duncansville

City

PA

State

16635

ZIP Code

Contact

Contact phone

What is the nature of the claim?

\$3,000.00

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

☒ None of the above apply

Does the creditor have a lien on your property?

☒ No

☐ Yes. Total claim (secured and unsecured): \$

Value of security: - \$

Unsecured claim \$

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Penelec

Creditor's Name

P.O. Box 3687

Number

Street

Akron

City

OH

State

44309

ZIP Code

Contact

Contact phone

What is the nature of the claim?

\$2,319.28

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

☒ None of the above apply

Does the creditor have a lien on your property?

☒ No

☐ Yes. Total claim (secured and unsecured): \$

Value of security: - \$

Unsecured claim \$

Part 2: Sign Below

Under penalty of perjury, I declare that the information provided in this form is true and correct.

X

/s/ Kevin S. Foor

Signature of Debtor 1

Date 06/19/2019

MM / DD / YYYY

X

Signature of Debtor 2

Date

MM / DD / YYYY